



MEDICATION POLICY

Version 1.0



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Introduction

IGA is committed to ensuring the safety, health, and wellbeing of all individuals who participate in activities at IGA-affiliated clubs. This policy provides a clear, detailed, and enforceable framework for the management of medication in gymnastics environments. It aims to prevent misunderstanding, ensure compliance with the law, and safeguard all members—particularly those with ongoing or acute medical needs.

Scope

This policy applies to:

- All IGA-affiliated gymnastics clubs
- All staff, coaches, volunteers, parents, carers, and participants
- All activities, including training sessions, competitions, displays, trips, and overnight stays

It covers the management of:

- Prescribed medication
- Over-the-counter (OTC) medication provided by parents/carers
- Emergency medication (e.g., adrenaline auto-injectors, inhalers, epilepsy rescue medication)

Legal Regulatory Framework

This policy is informed by the following:

- Children and Families Act 2014
- Health and Safety at Work etc. Act 1974
- The Health and Safety (First-Aid) Regulations 1981
- Equality Act 2010
- Human Medicines Regulations 2012
- Data Protection Act 2018 and UK GDPR
- Supporting Pupils at School with Medical Conditions (DfE, 2015)
- NHS, HSE, and national safeguarding body guidance

Roles & Responsibilities

Club Managers/Owners are responsible for full implementation, annual review, secure facilities, insurance cover, and risk assessment for medical needs.

Coaches and Staff may only assist with medication voluntarily, if trained and authorised, and must follow procedures exactly.



Parents/Carers must provide accurate medical information, supply medication in original packaging, and complete all required forms.

Participants should understand their own medical needs (if age-appropriate) and notify staff if unwell.

Planning & Consent

No medication will be administered without signed written consent. Consent must be obtained using the Medication Administration Consent Form, detailing medication name, dosage, timing, method, and known side effects.

For ongoing needs, an Individual Healthcare Plan (IHP) must be developed with parents/carers, the participant, and healthcare professionals, covering triggers, warning signs, treatment steps, and emergency procedures.

Every administration must be recorded on a Medication Administration Record (MAR) including:

- Participant's name
- Medication name, strength, and dosage
- Method, time, and date of administration
- Reason for administration
- Administering staff signature
- Witnessing staff signature (if applicable)
- Any side effects observed

Forms and records must be stored securely in compliance with UK GDPR and retained for at least three years after the participant leaves.

Storage & Administration of Medication

Medication must be stored in a designated, secure, and clearly marked location. Storage must:

- Use a locked, non-portable cabinet for non-refrigerated items
- Use a dedicated medical refrigerator for temperature-sensitive medication
- Keep emergency medication in an accessible but safe location, never behind locked doors if urgently required
- Maintain separate storage for different individuals' medication to prevent mix-ups

Monthly checks must be documented to confirm medication condition, correct labelling, and expiry date validity. Any expired or damaged medication must be immediately removed from storage and returned to the parent/carer.



When administering medication, staff must:

- Wash hands before and after administration
- Check the MAR and confirm details with the consent form
- Verify the participant's identity (checking correct child is receiving correct medication)
- Follow the precise method stated (oral, inhaler, injection, etc.)
- Observe the participant afterwards for any adverse reactions and record them immediately

Over-the-Counter (OTC) Medicines

IGA clubs must never purchase or stock OTC medicines (e.g., Calpol, paracetamol, ibuprofen, antihistamines). These may only be given if:

- Provided directly by the parent/carer in original, sealed packaging
- Accompanied by written consent specifying exact usage details
- The participant has previously tolerated the medicine without adverse effects

The administration must be recorded on the MAR, with dosage measured precisely and witnessed where possible. OTC medicines must never be administered on a precautionary "just in case" basis. If the participant becomes unwell and the medication is not available, the parent/carer must be contacted immediately.

Emergency Medication

Emergency medication must be provided without delay when required and must never be withheld. Examples include adrenaline auto-injectors for anaphylaxis, reliever inhalers for asthma, and glucose for severe hypoglycaemia.

Procedures must ensure:

- Medication is always within immediate reach of trained staff
 - All staff know its location and the IHP of each relevant participant
 - Backup doses are available where clinically advised
 - Administration is followed by monitoring and, if necessary, activation of emergency medical services
- Any delay or refusal to provide emergency medication could have severe health and legal consequences.

Training and Competency

Medication administration must only be carried out by staff who:

- Have completed accredited training from a healthcare professional
- Can demonstrate competence through observation and assessment
- Receive annual refresher training



Training must cover:

- Safe storage, handling, and disposal
- Side effect recognition
- Procedures for both routine and emergency medication
- Legal responsibilities and safeguarding obligations

Safeguarding Considerations

The safe administration of medication is both a health procedure and a safeguarding matter. All actions must protect the dignity, rights, and wellbeing of the participant while ensuring staff safety and accountability.

Procedures include:

- Medication should be administered in a private, appropriate location, away from public view, unless urgency or safety dictates otherwise.
- A second trained adult should be present to witness administration and verify accuracy.
- Staff must log any safeguarding concerns immediately and follow the IGA Safeguarding Policy, which is aligned with Working Together to Safeguard Children (HM Government) and the Children Act 1989 & 2004.
- Staff involved in medication procedures must have an up-to-date enhanced DBS check and completed safeguarding training within the last 3 years.
- Where invasive procedures are part of medication delivery (e.g., rectal administration for seizure control), a specific risk assessment and consent process must be in place.

Transportation & Travel Safety

7.1 UK Travel

- All drivers must hold valid licences and have no disqualifications.
- Vehicles must have MOTs, roadworthiness checks, and seatbelts for all passengers.
- No adult may be alone in a vehicle with a minor unless the minor is their child.
- Travel consent forms must be completed for all under-18s.

7.2 International Travel

For international trips:

- Passports and visas must be valid.
- Appropriate travel and health insurance is mandatory (IGA does not provide this insurance).
- Participants must receive pre-trip safety and cultural briefings.
- Organisers must identify the nearest UK embassy, local emergency services, and hospitals.

Trip leaders must be aware of cultural laws, medication restrictions, and local expectations in destination countries. Consider FCDO travel advice for the region.



Confidentiality and Data Protection

Medical information is considered "special category data" under the UK General Data Protection Regulation (GDPR) and the Data Protection Act 2018. Clubs must:

- Store all records securely, whether paper-based or digital, in access-controlled systems.
- Limit access to staff who have a clear, documented "need to know" for the safety and care of the participant.
- Use encryption or password protection for digital records.
- Ensure hard copies are locked in a secure cabinet when not in use.
- Obtain explicit consent before sharing medical details with third parties, unless required in an emergency to protect life.
- Maintain records only for as long as necessary under the retention schedule, then dispose of them using secure methods such as cross-cut shredding or certified data deletion.
- Provide participants or parents/carers with access to their own records upon request, in accordance with GDPR subject access rights.

Review & Monitoring

The policy must be actively monitored and reviewed to ensure it remains compliant and effective:

- Annual Review – Conducted by club management and documented in meeting minutes.
- Incident-led Review – If any medication-related incident occurs, the policy and procedures must be reviewed immediately to identify learning points.
- Regulatory Updates – Changes in legislation, guidance, or IGA policy must trigger an immediate update to all affiliated clubs.
- Training Audits – Clubs must keep up-to-date records of all staff training related to medication and safeguarding.
- Compliance Checks – The IGA reserves the right to carry out inspections and request evidence of adherence to the policy at any time.

Failure to comply with this policy may result in disciplinary action, withdrawal of IGA affiliation, or referral to statutory agencies where there are safeguarding or legal concerns.